



**Public Health: Peaks, Potential, Progress
Family & Community Health Conference
Best Western Heritage Inn
Great Falls – April 13 & 14, 2011**

Exhibitor Form

Organization _____

Representative _____

Address _____ **Email** _____ **Phone** _____

_____ **Street or PO Box** _____ **City** _____ **State** _____ **Zip** _____

Description of exhibit / service _____

☐ **Yes, sign me up.**

I am ☐ For Profit ☐ Nonprofit Organization
• \$275 through March 26 • \$150 through March 26
• \$300 after March 26 • \$175 after March 26

The fee is for an 8' draped table and two chairs only. It does not provide for attendance at sessions or meals. A meal ticket (Wednesday noon and Thursday breakfast) can be purchased for \$18.

Do you need electricity? ☐ Yes ☐ No

Would you like to provide a door prize to give away during the Family & Community Health Conference?

☐ Yes ☐ No

Set up & Tear Down: WIC Training day on Tuesday, April 12 is an optional day for vendor displays. Exhibitors can **set up** anytime Tuesday, April 12 but must have display set by 7:30 am, Wednesday, April 13. Displays can be **dismantled** after 10:30 Thursday, April 14.

Your anticipated set up day and time is _____

To ensure adequate setup space we recommend reserving space by Friday, March 25.

Enclosed: Exhibit Fee of \$ _____ Meal Ticket at \$ _____ TOTAL \$ _____

Authorized signature: _____ Date: _____

Please return this form and payment

Family and Community Health Conference, c/o Premier Planning
PO Box 217, Helena, MT 59624 or 7 West 6th Avenue, Ste 4E, Helena, MT 59601

Check should be payable to Premier Planning / FCHC. Sorry we are unable to process credit cards.

Questions? Contact Gail at 406-442-4141 or gailb@mt.net